

Interstate Commission for Adult Offender Supervision



REPLY TO TRANSFER REQUEST

To:		Date:		Type of supervision:		Is this case:	
Wisconsin		10/26/2017		<input checked="" type="checkbox"/> Parole <input type="checkbox"/> Probation		<input type="checkbox"/> Registered Sex Offender <input type="checkbox"/> Victim sensitive	
From:		Phone #:		Fax #:		217-522-9652	
Illinois		217-552-4461					
OFFENDER INFORMATION							
Offender's full name (last, first, MI): Larson, Robert							
ICOTS Offender Number: 329574				ICOTS Case Number: 1128230			
Sending state #: 1252562				Receiving state #: IL24058820			
AKA:							
SS #:		FBI # (if available)		Sex:		Race:	
		444447CA9		M		White	
DOB:		05/11/1965					
RECEIVING STATE INFORMATION							
Address of offender:: 227 New House Lane							
City:		State:		Zip:		Phone:	
Round Lake		IL		60073			
CRITERIA							
Resident of the receiving state* within the meaning of the Compact <input type="checkbox"/> Resident Family** AND Employment or Means of Support <input type="checkbox"/> Military member <input type="checkbox"/> Transfer of military veteran for medical or mental health services <input type="checkbox"/> Lives with Family who are Military members <input type="checkbox"/> Employment Transfer of a Family member to another state <input type="checkbox"/> Employment Transfer of the Offender to another state <input type="checkbox"/> Discretionary Plan <input checked="" type="checkbox"/>							
EMPLOYMENT OR MEANS OF SUPPORT							
<input checked="" type="checkbox"/> Means of support: (explain) Mr. Blomberg will provide financial assistance. Mr. Larson plans on staying with him for the long term. Mr. Blomberg has been an Illinois resident for a long time and resided at this location for several years.							
NAMES AND RELATIONSHIP OF OTHERS RESIDING IN HOME							
Name				Relationship			
Ross Blomberg				non-relative			

DECISION OF INVESTIGATION

☐ Approved

☒ Denied

Reason for denial:

No additional documentation showing how this would be in the best interest of the offender, community and/or victims was provided.

☐ Subject has reported pursuant to authorized Reporting Instructions

Date:

☐ Reporting Instructions:

Date to report:

Offender to Report:

☐ by phone

☐ in person

☐ within hours of arrival

☐ immediately upon arrival

Report to address:

City:

State:

Zip:

Report to:

☐ Officer of the Day

☐ Other

Comments/Special Instructions:

Supervising Officer/Location:

Joan Coons

Date:

10/26/2017

Compact Administrator / Designee:

Dara Matson

Date:

10/26/2017

* Resident of receiving state - a person who (1) has continuously inhabited a state for at least one year prior to the commission of the offense for which the offender is under (2) with the intent that such state shall be the person's principal place of residence and (3) who has not, unless incarcerated, relocated to another state or states for a continuous period of six months or more with the intent to establish a new principal place of residence.
** Resident family - a parent, grandparent, aunt, uncle, adult sibling, spouse, legal guardian, or step-parent who-1) has resided in the receiving state for 180 days or longer; and 2) indicates willingness and ability to assist the offender as specified in the plan of supervision.